

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10300

State File No. 2

Registration District No. 1812

Primary Registration District No. 6722

Registrar's No. 523

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural Marion Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Easton, Route #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7  
(Specify whether  
In this community 77 years  
years, months or days)

8. (a) PRINT FULL NAME Ephraim E. Simmon 550

3. (b) If veteran, name war K 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 11 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 1 If less than one day  
hr. min.

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name Moses Simmon 1  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Bowen  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Easton, Missouri Route #2  
(b) Address Easton, W. Simmon

17. (a) burial (b) Date thereof March 14, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowen Cemetery

18. (a) Signature of funeral director Stalter Meierhoffer 82

(b) Address 1302 Faraon Street, St. Joseph

19. (a) 3/15-40 (b) Dr. T. B. Harrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. Easton Route #2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1940 hour 8 minute 30 a. M.

21. I hereby certify that I attended the deceased from March 11, 1940, to March 12, 1940  
that I last saw him alive on March 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Brochial Pneumonia Duration 2 weeks

Due to Myocarditis 4 months

Due to Chronic Nephritis ?

Other conditions (Include pregnancy within 3 months of death) 181

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury 3

23. Signature J. M. G. L. D. (M. D. or other) 20

Address Stewartville, Missouri Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**